

APPLICATION FOR CONTRACT OR EMPLOYMENT WITH THE REGISTRY

Section 1: Contact Information

Last: <u>VAIDIVIESO</u>	First: <u>CRUZ</u>	MI:
Address: <u>[REDACTED]</u>		
City: <u>HOLLYWOOD</u>	State: <u>FL</u>	Zip: <u>33024</u>
Home Phone:	Cell Phone: <u>786 902 6354</u>	
Email Address: <u>Deycelis2vaideso@gmail.com</u>		
Date of Birth: <u>[REDACTED]</u>	Social Security Number: <u>[REDACTED]</u>	

Section 2: Desired Employment or Contract

Position: <u>RHHA</u>	Date Available to Start: <u>IMMEDIATE</u>
Are you currently employed? <u>Y</u> <u>N</u>	
If employed, may we contact your current employer(s)? <u>Y</u> <u>N</u>	
Have you applied to our nurse registry before? <u>Y</u> <u>N</u>	
If so, when? <u>[REDACTED]</u>	

Section 3: Education

Type of School	Name	Address/Location	Years Attended	Date Graduated	Diploma/Degree
High School	<u>Alarico Guiz</u>	<u>VENEZUELA</u>			
College					
Graduate School					
Trade, Business, or Specialty School					

Section 4: Employment/Contractual History (list in chronological order with last or present employer first)

Employer: <u>SUSA VARENE</u>		Job title:	
Address:			
Phone: <u>786 239 9069</u>		Duties:	
Date from:	Date to:	Salary:	Name of Supervisor:
Reason for leaving:			
Employer:		Job title:	
Address:			
Phone:		Duties:	
Date from:	Date to:	Salary:	Name of Supervisor:
Reason for leaving:			
Employer:		Job title:	
Address:			
Phone:		Duties:	
Date from:	Date to:	Salary:	Name of Supervisor:

Reason for leaving:

Employer:

Job title:

Address:

Phone:

Duties:

Date from:

Date to:

Salary:

Name of Supervisor:

Reason for leaving:

Employer:

Job title:

Address:

Phone:

Duties:

Date from:

Date to:

Salary:

Name of Supervisor:

Reason for leaving:

If additional space is required, please utilize the back of the application form to list additional past employers.

Section 5: Professional License(s), Registration(s), and/or Certification(s)

Type	License/Certification #	Date Issued	Expiration/ Renewal Date	State Issued

ADDITIONAL INFORMATION:Are you eligible to work in the United States? ☐ Yes ☐ No

If No, why not? _____

Are you willing to work any shift, including nights and weekends? ☐ Yes ☐ NoAre you willing to accept a live-in assignment? ☐ Yes ☐ No

How soon following notification can you start? _____

Please indicate days and hours available to work. If you are unavailable on certain days/times, please indicate below as well.

No Preference ☒

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Have you ever been convicted of a crime? ☐ Yes ☒ No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type of rehabilitation: _____

Have you had a break in providing services under your license or certification for greater than 90 days? ☒ Yes ☐ No ☐ N/A

Have you maintained continuous U.S. residency for at least five years? ☒ Yes ☐ No

Do you have a valid driver's license? ☒ Yes ☐ No ☐ N/A

Languages Spoken: Solo Español

Languages Read/Written: _____

Additional information/skills/knowledge/license(s) applicable to position you are applying for: _____

Statement Regarding Application: The information contained on this application is complete and accurate. I hereby authorize verification of any and all information contained in this application and on my resume, if provided. I certify that such statements are true, and understand that misrepresentation or omission of facts called for in this form, or on any resume provided by me, is cause for termination of employment or contract without notice.

Signature [Signature]

Date 5-3-21

Printed Name CRUZ VALEDES

THIS NURSE REGISTRY IS AN EQUAL OPPORTUNITY EMPLOYER. NO PERSON SHALL BE DENIED EMPLOYMENT ON THE BASIS OF RACE, AGE, ETHNICITY, NATIONAL ORIGIN, GENDER, SEXUAL ORIENTATION, RELIGION, CREED, VETERAN STATUS, MARITAL STATUS, DISABILITY OR ANY OTHER LEGALLY PROTECTED STATUS. Employment or contract is contingent upon furnishing evidence of identity, employment eligibility, and qualifications.

DRUG AND ALCOHOL SCREENINGInitials: CRV

I understand that the nurse registry is a drug free workplace. I understand that urine and/or blood testing for alcohol and/or drug use may be requested during the course of my contractual relationship with the registry. Such testing may be randomly requested or requested due to the registry's suspicion that I am under the influence of alcohol and/or drugs that have the potential to result in an on-the-job injury or negatively impact the quality of my work and/or the safety and quality of care I provide to nurse registry clients or the facilities with which I work. I authorize that such testing may be requested of me at the discretion of nurse registry management. I accept this as a condition of my contract. I agree to allow such testing to be completed at a time and place to be chosen by registry management. I further authorize the results of such testing to be released to the registry and any facility or business to which I am referred for assignment by the registry.

APPLICATION FOR CONTRACT REVIEW:Initials: CRV

I certify that the information I have provided during the course of applying for this position and interviewing with the nurse registry is true and correct, including but not limited to the application, my resume, and documentation for my registration folder/personnel file. I authorize the exchange of information required for the nurse registry to complete a thorough investigation of my work history and qualifications. I hereby release from liability all persons who provide information to the nurse registry during the course of any such investigation. I understand that any falsification of information on my behalf may subject me to immediate termination of my contract with the registry.

Should I be offered a contractor position with the nurse registry, I have read and agree to the terms specified in the job description provided. I understand that I may be asked to perform additional responsibilities as applicable to my position with the nurse registry and per the request of management. I agree that, as a requirement of my employment or contract, that I will provide the nurse registry with a 14 day written advance notice of intent to terminate my contract. I agree to comply with OSHA standards under the Occupational Safety and Health Act of 1970 and have been informed of my right to file a complaint with the nearest OSHA office.

ACCEPTANCE OF CONTRACTInitials: CRV

I have been informed that the nurse registry is an equal employment opportunity employer that adheres to a policy of making employment and contractual relationship decisions without regard to race, color, sex, religion, national origin, handicap, marital status, or any other legally protected status. The nurse registry will comply, at all times, with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and all requirements imposed pursuant thereto, to the end that no person shall be discriminated against. My opportunity to contract with the nurse registry depends solely upon my qualifications and ability to perform the assigned job duties. The nurse registry's non-discrimination policy applies to clients, healthcare providers, and all personnel and independent contractors.

I understand the nurse registry operates under the principles of affording equal opportunity for qualified handicapped individuals, qualified veterans of the Vietnam era, and qualified disabled veterans. All applicants who believe themselves to be members of one or more of these groups, and who wish to identify themselves as such for the purpose of affirmative action consideration are invited to do so. Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, (2) first aid and safety personnel may be informed as necessary, when and to the extent appropriate, if the condition might require emergency treatment, and (3) government officials investigating compliance will be informed.

I wish to volunteer the following information. I qualify under the following (check one):

- ☐ I do not qualify
☐ Handicapped

- ☐ Vietnam Era Veteran
☐ Disabled Veteran

RECEIPT OF INFORMATION:Initials: CRV

I attest that I have been provided with information regarding the operation of this nurse registry applicable to my contractual obligation. This information included a review of daily business operations, policy and procedure, client services, documentation requirements, contractual obligations, and the mission, vision, and values of the nurse registry. I have read and understand the policies and procedures of the nurse registry and have had the opportunity to have all of my concerns and/or questions resolved to my complete satisfaction. I understand that nurse registry policies and procedures, including personnel policies, may be modified and that they are not intended to be a guarantee of my continued contractual relationship with the nurse registry. I will abide by all policies at all times and will not amend or compromise these policies under any circumstances. I understand that failure to comply with nurse registry policy is grounds for termination of my contract with the nurse registry.

TRANSPORTATION RESPONSIBILITY:Initials: CRV

I attest that I have reliable transportation to be used for travel to and from client assignments. I further understand that I am responsible for maintaining and submitting proof of automobile insurance that minimally meets state requirements for insurance, if I intend to utilize my own vehicle as means for transportation.

RECEIPT OF PERSONAL PROTECTIVE EQUIPMENT:Initials: CRV

I understand the hazards of my position with the nurse registry. I attest that I have been properly instructed in the use of personal protective equipment (PPE) and that the nurse registry has supplied me with appropriate PPE, as applicable to my position with the nurse registry. I agree that, as a condition of my contract, I am required to follow the established protocols for the use of PPE while providing client care and services.

STATEMENT OF COMMITMENT:Initials: CRV

In compliance with the nurse registry's policies and procedures, I agree to abide by the following guidelines:

- I agree to wear my identification during assignment.
- I will carry my professional license or certification with me at all times during working hours at a health care facility and agree to produce such a record for review by the health care facility, upon request.
- I will always maintain professionalism in the home to which I am referred or the facility or business to which I am referred.
- I will contact the nurse registry regarding any areas of discrepancy between the assignment and my ability to carry out that assignment (whether it is in a private home or facility/agency). I will also contact the nurse registry if I identify any discrepancy between the assignment and the care needs of the client.
- I will not accept any money or gifts from the client/caregiver. I will receive payment for services rendered directly from the nurse registry and not from the clients to whom I provide services.
- I will notify the nurse registry if I am unable to arrive for my assignment at the scheduled time or if I am unable to meet my assignment commitment. I understand that the nurse registry will contact the client/caregiver or facility to make alternative arrangements. I also understand that not notifying the nurse registry is grounds for termination of my contract.
- I will not make or accept personal telephone calls at the client's home.
- I will not smoke at the client's home.
- I will not send anyone else to the client's home to complete my assignment and I will not take anyone with me to the client's home to assist me in completing my assignment. I acknowledge that violation of this policy is grounds for termination of my contract.
- I will accept assignments on a case-by-case basis and I may accept or reject any assignment offered by

the nurse registry. Once I accept an assignment, I am obligated to fulfill that assignment.

- I will provide care in a manner that does not discriminate against clients on the basis of race, color, national origin, handicap, age, or any other legally protected status.
- I will complete and submit all documentation per nurse registry policy. I understand the nurse registry may withhold payment if documentation pertaining to the services I have provided is not accurate and completed in a timely manner.
- I understand that habitual tardiness, excessive cancellations, and failure to report to an assignment are cause for the termination of my contract with the nurse registry.

VISIT NOTES POLICY:

Initials: CRV

I understand that it is nurse registry policy for visit notes and all other documentation for a client's file to be written and submitted to the Administrator weekly. I will ensure complete, concise documentation as required per nurse registry policy and procedure and submit my visit notes on a weekly basis and on time. I understand that failure to do so will result in a delay in receiving my paycheck and may result in other disciplinary action, up to and including termination of my contract.

COVENANT NOT TO COMPETE:

Initials: CRV

During the term of my contract with the nurse registry and for a period of at least one year thereafter, I will not contact a nurse registry client, directly or indirectly, either for his/her own account or otherwise; to be employed by, participate in, consult with, perform services for, or otherwise be connected with any business the same as or similar to the business conducted by the nurse registry. I agree to notify the nurse registry in the event that a client attempts to arrange for services directly with me. I agree not to accept assignment from any client of the nurse registry for a period of at least one year following my separation from the nurse registry and/or termination of my contract. In the event of a breach, a threatened breach, and failure to comply with this section, the nurse registry shall be entitled to obtain an injunction restraining the commitments or continuance of the breach, as well as any other legal or equitable remedies as permitted by law.

SCHEDULED VISITS:

Initials: CRV

I have been informed that the continuity of client care is of utmost importance and services must be provided in accordance with a client's plan of care. I acknowledge that I will provide services to clients exactly as they are assigned. I will not let any assignment from this nurse registry overlap with those assigned to me by other facilities or agencies and I will fulfill my responsibilities as directed. I understand that I work for the nurse registry as an independent contractor and that the clients I provide services to belong to the nurse registry or facility to which I am assigned. I acknowledge that I am strictly prohibited from transferring or attempting to transfer any client case to another nurse registry, agency, or facility.

CONFLICT OF INTEREST:

Initials: CRV

Elite Senior Management policy prohibits its contractors from engaging in any activity, practice or act which conflicts with or appears to conflict with the interest of the registry. It is impossible to describe all the situations, which may cause or give the appearance of a conflict of interest. Therefore, the prohibitions included here in this policy are not exhaustive of all potential conflicts of interest. It is the obligation of contractors to report any potential conflicts to supervisory staff. Contractors are not to engage in directly or indirectly in any conduct in which is disloyal, disruptive, competitive, or damaging to the registry. Contractors are prohibited from accepting any employment with any organization that does business with the Registry.

I have read and understand the above information concerning the policies and procedures of the nurse registry. I agree to abide by the policies and procedures of the nurse registry, including personnel policies, and have been informed that failure to do so may result in disciplinary action up to and including termination of my contract.

ORVZ Daicelys VALDIVIA
Name (Please print)

[Signature]
Signature

5.3.21
Date